

Tape #7

Side A

Dr. M.E. DeBakey

with Don Schanche

Pierre Hotel, N.Y.

6/15/72

SCHANCHE: Well, we've... I don't know whether you've kind of exhausted about looking back at government today, but maybe we ought to go back to another area.

DR. DeBAKEY: Yeah. Well, a little bit. I..you know.. You have to.. What I need to do..no, actually, what I need to do is to come back and review a little bit some of the things in the report which will then bring to mind some of the other things that led to what was in there. I'll have to do that.

SCHANCHE: Okay. I could... Actually, if I had thought about it I should have brought it along. I have a copy.

DR. DeBAKEY: Yeah, I know you have. I sent you a copy. Do you have both of them?

SCHANCHE: Yes, I believe so. Let's...

DR. DeBAKEY: It's a good illustration, you see. These two reports were

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DR. DeBAKEY: not that much...

SCHANKE: No, they were very similar.

DR. DeBAKEY: Yeah.

SCHANKE: Not much got done with them.

DR. DeBAKEY: And not much got done. Exactly. You see. But it..

SCHANKE: Nor has much been done since.

DR. DeBAKEY: No, and it's a good illustration, you see. That's the thing one has to learn. It's a good illustration on how difficult it is and such a massive organization with so many self-interests with the relationship that they have with Congress in terms of the interests of Congressmen in their own districts for protection of their own areas, how difficult it is really to become efficient in government. There are too many people who are profiting from this. I don't mean to say that it's personal profit, but profit in terms of power or politics or re-election of support. And then, outside of government there are too many people who are profiting from it.

SCHANKE: It's kind of like a..an inertial system like the solar system which relies on very complex interrelations involving gravitational forces--mass, exceleration and all the rest

SCHANCHE: which simply cannot be upset..

DR. DeBAKEY: Exactly, exactly.

SCHANCHE: There's an inertia within this institutional complex.

DR. DeBAKEY: And I think that it.. Exactly. And I think it's.. Well, it's a kind of.. Well, it takes a while to learn this, for one thing. So you waste a certain amount of energy attacking this system, you see. And what you learn really is not to waste your energy trying to make such a massive change. It just can't be done. So what you need to do is to focus upon certain things that can be done, that are feasible. And that's one of the things that I've learned and what I've tried to do. Do you see what I mean?

SCHANCHE: Yeah.

DR. DeBAKEY: But it was a great experience for me, no question about that, and I enjoyed it, you know. I really.. I think it was one of the most.. Well, it was an experience that helped to develop me in a way that I don't think could have been done otherwise.

SCHANCHE: Well, it sort of formed your whole public philosophy, didn't it?

DR. DeBAKEY: Absolutely and completely and..

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SCHANKE: Of course, you had been, even though you had studied a great deal and had, you know, a good, substantial acquaintance with mankind, you were pretty provincial until...

DR. DeBAKEY: Very. And had no..had no knowledge, no interest, no concern with, you might say, the broader social implications, even of what I was doing. And it was only through this that I began to learn and understand that there were really more important objectives.. that there were important relationships between government and society and that society in a sense was, in terms of its structure and behavior and quality and so on, its life, was dependent upon how our government ran.

SCHANKE: Yet, you've never.. Have you ever been asked, I don't know? You've never given your life over completely to government?

DR. DeBAKEY: No, and you see, I.. Yes, I was asked to. I was asked. For example, I was asked to stay in the Army and to make this my career. And I was given a very favorable kind of offer. You see, I was not in the regular Army and therefore

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DR. DeBAKEY: all of my rank and so on was simulated, as a kind of reserve, temporary rank. And yet they were willing to offer me a job in the regular Army as a brigadier general-- I was then colonel, you see, in the reserves-- if I would stay and head up the surgery division of the whole Army. And I turned it down.

SCHANKE: It must have been quite--fairly appealing to you since you were still a relatively young man then.

DR. DeBAKEY: It was in a way, but, you see, it was not quite what I wanted to do. I didn't want to remain in administration, which I would have virtually had to do. And I had this longing, so to speak, to get back to the clinical aspects of surgery, you see.

SCHANKE: Do you feel torn because you do have this strong feeling for the public aspects of medicine and for the vital importance of government in health care and for the..what you call the rights of people to have the best health care they can have? Yet you have a very strong tug towards personal face-to-face doctor-patient medicine.

DR. DeBAKEY: Yes. Well, I think it's hard to analyze, let's say, maybe rationally, but I think part of the reason I feel the way I do

DR. DeBAKEY: is that-that while I get some gratification out of say working in the public sector and trying to effect these policies and change and so on, it's not the same kind of gratification I get from working with a patient. There I have a personal relationship. I feel I am able directly to help a man.

SCHANKE: See the results there...

DR. DeBAKEY: See the results.

SCHANKE: ..and in a life time not see them in government.

DR. DeBAKEY: Exactly. I see the results immediately and that I enjoy, you see. That gives me a fulfillment which the other doesn't. Secondly, I feel that I have a kind of independent base of operation there. I'm not hemmed in by the structure of government, so to speak. There's a certain degree of freedom and flexibility when I'm working with patients. I am, in a sense, my own boss, so to speak, and I can use my time as I want to there. So that, I don't want to give that up and substitute the other for it completely.

SCHANKE: Don't you think it also frees you to play an even more effective role than you probably would as a full-time government administrator?

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DR. DeBAKEY: Yes, I think that in some respects, you see, that's why I refused to accept the job of being head of the National Institutes of Health. When that job opened up--when Jim Shannon left--President Johnson had indicated that he would like for me to accept that job.

SCHANKE: He indicated to sounding people out without committing themselves, right?

DR. DeBAKEY: That's right, you see. And I..I had to be almost blunt about it in indicating that I would not consider it under any circumstances. Because I had the strong feeling that once I accepted that job, then I had no more freedom to exercise the kind of influence I can now exercise with the Legislature--where I can speak freely to them. I don't have to worry about what my views are in relations to what the Administration's views are. If it disagrees with the Administration, I disagree with them. But at least I was speaking with greater freedom. Once I'm in the Administration, I have to do what they say. And, I didn't think I could take that, because I disagreed as much with the Administration as I did with the outside world.

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SCHANCHE: You couldn't have lobbied for budget changes for one thing.

DR. DeBAKEY: No. Exactly, exactly. And I felt that in the final analysis I could actually have greater influence and be more effective by remaining outside of the Administration.

SCHANCHE: Do you think that's in a sense being proven now as you work on the heart?

DR. DeBAKEY: Yes, sure. I don't think there's any question about it. Definitely. So, I feel I was right in making my first decision to stay out of government and in the subsequent decision to stay out.

SCHANCHE: Alright then, let's bring you back to medicine--clinical medicine. You left Washington. First you left and went back to Tulane in 1947 or '46?

DR. DeBAKEY: '46 when I got out.

SCHANCHE: Late '46.

DR. DeBAKEY: Late '46. September or October. Yeah.

SCHANCHE: You returned to Tulane to..

DR. DeBAKEY: I returned to Tulane and..

SCHANCHE: You were then an associate professor of surgery?

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DR. DeBAKEY: Associate professor of surgery and I resumed my job under Dr. Ochsner working full-time in the department of surgery and then part-time in the clinic--the Ochsner Clinic. They had gotten started just before I went to war and it was pretty well growing when I got back. I saw all my private patients there--worked there. And then, you see..

SCHANKE: Were you still a general thoracic surgeon at that time or had you gotten into cardiovascular surgery?

DR. DeBAKEY: No, I was in vascular surgery. I was before I left, but not cardiac surgery to any extent because there wasn't much cardiac surgery at that time to do. I mean most of the cardiac surgery developed during the war and shortly after the war. And so when I got back, I got started in doing these things too. And doing what vascular surgery I could then. And then, when I moved to Houston, you see it was in late '48, I was at that point working with the Hoover Commission. And..

SCHANKE: So your return to Tulane was relatively brief in the sense of the time you actually spent at Tulane?

DR. DeBAKEY: Yes, you see, from '46 to '47 when I was at Tulane I was pretty active, but still commuting to Washington a great deal, because I still had responsibilities. And then '47 to '48 I.. Most of '48 I spent on the Hoover Commission to really get our report out until nearly December of '48. And then in September or October I moved my family to Houston, but still commuted to Washington. And then in..really took over the activities in Houston mostly in January, beginning January '49.

SCHANCHE: What led you to accept the post in Houston?

DR. DeBAKEY: Well...

SCHANCHE: Baylor was then a not very well thought of medical school. It was on the verge of collapse.

DR. DeBAKEY: Well, it.. You see, it was a new school. It started off as a new school. Baylor..

SCHANCHE: It started in Dallas with Baylor itself, didn't it?

DR. DeBAKEY: That's right. It was.. Well, it had been going in Dallas for some time. I think from around 1900. It originally started around 1900 in Dallas and never was much more than a second or third rate school in Dallas. But what

DR. DeBAKEY: happened was that when the Texas Medical Center began its operation in Houston--when it started, it needed a medical school--decided it needed a medical school. And all the consultants told them that, so they began looking around for a medical. They first tried to get the University of Texas to move into the Medical Center. The University of Texas was in Galveston. They had too much invested physically in Galveston to move. So, among the members of the board of the Medical Center were a few people who were on the Board of Trustees of Baylor University. They knew that the college of medicine in Dallas was having difficulties financially and thought this was a wonderful opportunity to get it out of that difficulty and move it to Houston. So they made the deal to move it. When this occurred they found that about half the faculty wanted to stay in Dallas. They didn't want to move. These were mostly people who were practicing in Dallas. Well, the people in Dallas immediately resented this and decided that they would form their own medical school with the nucleus of people who remained there. And they did.

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DR. DeBAKEY: They called it the Southwest Medical School --later became a part of the University of Texas. The cadre of people along with the dean from the medical school in Dallas moved down to Houston and started the medical school during the war in 1944. When they first moved down, they moved into the--set up operation in the warehouse of the... oh, what's this large merchandising outfit that sells mostly by catalogue?

SCHANKE: Not Sears or Montgomery Ward?

DR. DeBAKEY: Sears-Roebuck. Yeah.

SCHANKE: Oh, really? Moved into a Sears-Roebuck warehouse?

DR. DeBAKEY: Warehouse. That's right. Became a school there.

SCHANKE: Is that in downtown Dallas?

DR. DeBAKEY: No, no, in Houston.

SCHANKE: I mean Houston.

DR. DeBAKEY: Yeah, yeah. In downtown Houston. Then later they built-- I think in '46--they built the building of the medical school in the Medical Center.

SCHANKE: That's the old building?

DR. DeBAKEY: Yeah.

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SCHANKE: What was... There wasn't much in the Medical Center at that point, was there?

DR. DeBAKEY: Nothing. When I got there they had none of those buildings except that old part of the Baylor Building. That's the only thing that was in the Medical Center.

SCHANKE: But it was the nucleus of the Medical Center?

DR. DeBAKEY: Yeah. That's right. That's the only thing that was in the Medical Center. The rest of it was prairie and a few trees--oak trees around. They had just gotten the roadways cut--not all of them paved yet.

SCHANKE: Well, Rice was out in that neighborhood also?

DR. DeBAKEY: Yeah, Rice was still out... Oh, yeah, yeah, yeah. So I got the letter from the dean inviting me to come and be considered for head of the department of surgery. So when I first got this letter, I didn't realize the school had moved and I saw it was coming from Houston. And I wasn't about to go to Dallas, you know. I said, "Hell, it's a third rate school and I don't want to go to any third rate school." I had turned down two other offers up East.

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SCHANCHE: Well, you had turned down Harvard, hadn't you?

DR. DeBAKEY: Well, yes I turned down the..not the Harvard..a professorship at Harvard, not necessarily the chairman. They wanted me to come up and look at a professorship. I turned down one at Buffalo and I turned down one in New York. Yeah. But, I was..you see, I was very satisfied and quite happy and content with my situation in New Orleans. And I saw no reason to move unless I had something that really was challenging or to do.

SCHANCHE: Were you a full professor at Tulane or were you an associate professor?

DR. DeBAKEY: Associate professor; no I was associate professor. So I decided that.. I talked to Dr. Ochsner about it and he urged me to go see it. Now, he was very friendly with some of the people in the Medical Center and knew them well and he was quite enthused about what they wanted to do and he thought it was a great opportunity. He said I ought to go see it. So I went to see it. And I was so disappointed in what I saw. And it seemed so primitive to me.

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SCHANCHE: They did have their building up in the Medical Center?

DR. DeBAKEY: Well, they had the building, but you see, they had no hospital. They had no real understanding of medical education. They were way behind in their concept of medical education. They had no hospital service to teach from. And I just felt there wasn't much you could do with it the way it was. So I turned it down and wrote them a long letter and explained why.

Well, then the dean came back to me and asked me-- came over to New Orleans to see me.

SCHANCHE: Who was the dean then?

DR. DeBAKEY: Moursund. A man by the name of.. A fine gentleman.

SCHANCHE: Mousund?

DR. DeBAKEY: M-O-U-R-S-U-N-D. Moursund.

SCHANCHE: Moursund. Right.

DR. DeBAKEY: He was a very fine man. I really became very fond of him because he was a dedicated and absolutely honest man and just dedicated to trying to get this school going. But he was seventy years of age with a bad heart--tremendous courage to do that at his age. Well, he came to New Orleans

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DR. DeBAKEY: to see me. We had a long talk about it and I..you know, about what was in my letter. And he said, "Now if I get all of these things agreed to will you then come?" And I said, "Well, yeah, I'll come and look at it again." So, I did on the basis of communication to get all this done. Well, they agreed to all this. So then I had another long talk with Dr. Ochsner and he said, "Well, I think you ought to go try it again."

SCHANKE: All of this being to arrange a teaching hospital. You said if you don't have that I won't come.

DR. DeBAKEY: Yeah, that's right. So, Dr. Ochsner...

SCHANKE: It's almost impossible to run a medical school without a hospital, isn't it?

DR. DeBAKEY: Of course. So, Dr. Ochsner who was--you know, he was torn between wanting to keep me because I was sort of his right-hand man and I.. you know, he knew he could rely upon me to do the things we needed to do and so on. And at the same time, he was a man of such high principle and character that he didn't want to deny me an opportunity of developing. So, he said, "You go, Mike, and look at

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DR. DeBAKEY: it again. And if you think there's a possibility, try it. You know that you'll always have a place here. You can always come back if you don't like it."

So, I finally decided...talked it over with my wife. She said, "Whatever you want to do." She hated to leave New Orleans, but she had moved around with me quite a bit already. So she said, "Sure, let's go."

So we went and we were really met and treated very kindly and graciously by everybody there. She was pregnant with our fourth boy Dennis at the time. In fact, delivered in December--shortly after we arrived. And, I tried to get started..to get some things organized. I found, you know, the whole situation in surgery to be absolutely unbelievable in terms of academic set-up. They had one full-time young man who really was kind of crazy. In fact, I had to get rid of him. He was unstable.

SCHANKE: What was his function?

DR. DeBAKEY: Well, he had been there from the previous professor of surgery--let him kind of be executive of the department.

SCHANKE: Was he a doctor?

DR. DeBAKEY: He was a doctor, but kind of nutty.

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SCHANCHE: Surgeon?

DR. DeBAKEY: Yeah. Well, I mean sometimes we just call each other surgeons.

SCHANCHE: Did he have academic rank too?

DR. DeBAKEY: Oh, yes. Yeah, he was full-time. He was paid a salary. And he had a secretary there too who was kind of nuts. So I had to get rid of her. And, they had.. The space called the department of surgery was less than the size of this room.

SCHANCHE: The whole department of surgery?

DR. DeBAKEY: The whole department. That's right.

SCHANCHE: That was your offices, consultation rooms and everything.

DR. DeBAKEY: My office, consultation room, laboratory and everything else. And there was no hospital service at all. Well, at that time they had been discussing, before I came there, the use of Hermann Hospital as the teaching hospital. Now it's a private hospital--private doctors running it and so on. And I had talked to them on two occasions when I had been there--the surgeons. Met with them. They seemed very nice and wanted me to come and so on.

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DR. DeBAKEY: But after I had gotten there, they were.. and they had promised to turn over the service to me--had about twenty beds as a teaching service...and they were going to turn that over to me. They had promised that before I came. Promised it to Dr. Moursund. Nothing happened, you know. Days went by. Weeks went by. They were going to have a meeting the next week or the week after, but something happened and they couldn't do it. And I was not getting anywhere with them.

SCHANKE: They came and assured you you had a teaching hospital and it wasn't there when you got there.

DR. DeBAKEY: That's right. So, finally I said to them I thought they had to do something because we had to make some plans. I said, "We have to get our service organized. We've got to get a training program certified by the national accrediting agency. I've got to organize a teaching service. I've got to decide on how many people I'm going to get full-time in the department." You know, that sort of thing. Couldn't do anything until I got the service.

Finally, they had a meeting and I think this was sometime

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DR. DeBAKEY: in March. Something like that.

SCHANKE: '49?

DR. DeBAKEY: Yeah. And the chief of staff of the Hermann Hospital along with the chief of surgery came to see me.

SCHANKE: That's called Hermann Hospital?

DR. DeBAKEY: Hermann Hospital, yeah. He said, "Well, we've had the meeting and everything's all set now. You're going to be chief of the teaching service." And I said, "What do you mean 'chief of the teaching service'?" And he said, "Well, you'll be in charge of teaching on the service." And I said, "Well, who's going to be in charge of the service." "Well, this doctor so-in-so is going to be in charge of the service." The one that was there. And I said, "Well, I don't understand that system." I said, "You can't have two chiefs of service. There only should be one." "Have two chiefs. You'd be chief of teaching and he'd be chief of the service." And I said, "Well, I never heard of that before and I don't understand that organization." I said, "Suppose I'm teaching on a patient he has operated on and I have to say that what

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DR. DeBAKEY: he did was wrong?" I said, "Do you think that would go over very well?" "Oh, well, you know, there's no reason why you would say that?" I said, "Well, from what I've seen around here there would be good reason for me to say that."

So they left, obviously regarding me as uncooperative.

I told them that wouldn't do and I would have no part of that. And they then went to the people and told them that and they went to the Board of Trustees of Baylor and Hermann Hospital and told them I was uncooperative.

I didn't know that they did all of this until later. I found it out later when I went to see the chairman of our Board because in the meantime I had gotten pretty disgusted with the whole thing and decided that I was going to pull out.

Go back to New Orleans. I told the dean. I said, "I really don't think I'm ..I can stay because they're not providing me with the service that was promised. I can't do the job that Baylor expects me to do. And I'm wasting my time and Baylor's money. And I think I ought to go back to New Orleans. I've already talked to Dr. Ochsner."

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DR. DeBAKEY: He says come on back. So I can get back to work."

SCHANKE: Did this situation apply to the whole medical school or just to surgery?

DR. DeBAKEY: No, to the whole medical school. Yeah. But you see, it's more critical in surgery because in medicine or pediatrics the teaching and the problems are much less critical. But in surgery, only one surgeon can operate on a patient. He's got to make the decision. If there's an error in judgment, it's his, and so on. You see. Whereas, they can discuss philosophically about the medical case, you see. So, it's critical in surgery, wherein it's not in the other. But it applied to all of them. Well, I told the dean that I wanted to resign and leave, but before I did so, I thought I owed it to the Board of Trustees to explain to them why. And I would like to do it personally. I'd like to see them. And I said, "I'd like for you to come with me too." And he said, "Well, I'll go with you." So we got an appointment to see him and went up there. Never met him before. I had hardly greeted him before he started in on me. He said, "Well,

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DR. DeBAKEY: Dr. DeBakey, " he said, "I think you're trying to move too fast here." He started off by saying, "You can't change by revolution. You should change by evolution." Those were sort of his very words. And he went on and on like that and it was obvious that these people had been telling him that I'd come in like a new broom. I wanted to sweep everything clean and try to change everything around radically. And so I let him talk for a while and finally I said to him, "Now if you have finished telling me what you have to tell me, I'd like for you to listen to me for a while. Let me tell you what I've got to tell you before I leave." I had just had it about up to here, you know. And I was leaving anyway and I didn't give a damn. So I told him, you know, what the situation really was. What the responsibilities were in terms of medical education and the quality of education was in the medical school. That they had a third rate medical school and it was going to remain third rate the way it was. If this is what they wanted, I didn't

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DR. DeBAKEY: belong there, but I didn't believe that's what they wanted or they wouldn't have come to get me. That they had promised me certain things after I had turned the job down and this is what I get--empty promises. And I couldn't change it, so rather than create any more problems, I was leaving. Then I said to him very few facts. I said, "You don't seem to realize that here you've got a medical school and yet not a single one of your graduates can get any of his training in Houston." I said, "He can go down to Galveston fifty miles away and get training in medicine or surgery or pediatrics or gynecology. He can't do it in Houston. Not a single one of your so-called affiliated hospitals and you're a member of the Board of Trustees of the Hermann Hospital has an approved training program. That's the quality of work you're doing." And I went on like that, you see, with internships and residencies. He'd turn around every once in a while and say, "Dr. Moursund, is that correct?" Dr. Moursund would say, "Yeah that's correct." So, it was a shocking revelation to

DR. DeBAKEY: him. He had no idea, you see. All these doctor friends had been telling him all these things about me, but they didn't tell him about the quality of the work going on in his own hospital.

Well, after I got through he was really quite shook up. And he said to me, "Well, I didn't know any of this, Dr. DeBakey. Nobody told me these things. And I'm glad to know them." He said, "I want you to promise me you're not going to leave Houston right now, until I have had a chance to look into this and had a chance to talk to you some more." I said, "Well, I'll be glad to do that." But I said, "To be perfectly honest with you, I don't plan to stay here too long, because I'm wasting my time and your money. And I don't want to do that. I came here to do a job. If I'm not given the resources and the support of the college and the Trustees to do it, there's no sense in my staying. Because I've got plenty of work to do in New Orleans."

Well, he later became a very good friend of mine. And in fact, I later operated on him.

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SCHANKE: What was his name?

DR. DeBAKEY: Dudley. Ray Dudley.

SCHANKE: Ray Dudley?

DR. DeBAKEY: Yeah. He was a publisher of the Gulf Oil Company, which is the biggest oil publication in the world. A fine man. Fine man. His wife is a very good friend of mine today. She survived him. It was an interesting experience. He became a very good supporter after that. Learned a lot. Of course this is one of the experiences I've had all along there is having to teach, orient, educate the lay people who are, in a sense, in a position of authority over the doctors that have oriented them the wrong way--practicing doctors--their own doctors sometimes.

Well, a very interesting thing happened that changed the whole picture for me quite quickly after that. One was that the Veterans Administration Hospital at that time was a Navy hospital. And you remember coming back again to the Hoover Commission that ties in with that experience, one of the things we spotlighted in that report--remember

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DR. DeBAKEY: we had some spotlights in the report. We spotlighted certain areas where there was duplication and waste--flagrant waste of money, federal money. The Veterans Administration Hospital was then a Navy hospital and was built during the war for the Navy. One of the things we learned in our investigation was that this was supposed to be turned over to the Veterans Administration at the end of the war and indeed we uncovered a memorandum written in Roosevelt's hand, actually, instructing the Navy to build this hospital for the duration of the war, following which it was to be turned over to the Veterans Administration to be used as a Veterans Hospital. But here we were in '48 and it still hadn't been turned over and we looked into it--talked with the Navy officials as to why and so on. Found out that they decided they needed a hospital longer. The Veterans Administration, however, needed a hospital in that area. So they started making plans to build a thirty million dollar hospital right next door, in spite of the fact that this was supposed to be turned over to them and in spite of the fact that eighty per cent of the

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DR. DeBAKEY: patients in the V.A. Hospital--in the Navy Hospital were veterans. See? So, here was Navy personnel on active duty taking care of veterans. Well, we spotlighted this. And, of course, this report--the Hoover Commission had, you know, had a news conference and the report made news. The spotlights particularly made news, especially in the local communities. It was spread out all over the front page of Houston. So, President Truman ordered the Navy to turn it over to the V.A. And I was sitting in Washington when Paul Magnuson, who was then the Director of the Veterans Administration and then I got to know him during the war, see, -- very well, called me on the phone and said, "We've just gotten the order that we're to take over the Navy Hospital on such-and-such a date." I think it was in April. And he said, "We don't have the personnel to run it, Mike." He said, "Could you organize a staff to run it?" I said, "I certainly can."

SCHANKE: Now this came like manna from heaven, just at the point you were...

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DR. DeBAKEY: Absolutely. So we organized our own staff from Baylor. Moved into the hospital and ran it as a teaching institution.

SCHANKE: Where was that hospital located? Where it is right now?

DR. DeBAKEY: It's right across the street from the Medical Center. Right across the street on Holcombe Boulevard-- a little down the ways. So that immediately gave me a teaching hospital.

The other thing was having come from Charity Hospital in New Orleans...

SCHANKE: By this point, of course, Baylor was delighted to get it.

DR. DeBAKEY: Oh, yes, yes. And, you know, this was a very fortunate happening, so to speak, as far as... And for me particularly, because I was really in a pretty depressed state as far as Baylor was concerned. Then I decided that the Veterans Administration--I mean that the charity hospital there really needed to be used like Charity Hospital in New Orleans as a teaching hospital for the medical school.

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DR. DeBAKEY: Well, I inquired around and talked to various people and they said that it was too politically oriented and controlled. It's not possible to ever do this.

SCHANKE: Because it was a city hospital?

DR. DeBAKEY: Yes. So I said, "Well, I think that we ought to make an effort to see what can be done. I know you can't do it through the doctors." You see, they said the doctors controlled it. I said, "I know that." But I said, "They don't control it really." I said, "After all in the final analysis it's got to be controlled by an authority above the doctors." And I said, "Who is..? Don't they have a board, a regents--you know, a board of regents or board of trustees or board of managers, or something?" "Yeah, they have a board of managers." "Who's chairman of that?" "A man by the name of Ben Taub." I said, "Has anybody talked to him?" "No. There's no use talking to him." I said, "Do you mind..?" I told the dean this. I said, "Do you mind my going down and talking to him?" He said, "No, if you want to if you want to. Sure. But, you're wasting your time."

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DR. DeBAKEY: I said, "Alright. I'll waste my time, but I'm going down and talk to him." So I called him on the phone and asked for an appointment. He gave me an appointment and I went down to see him and that was the beginning of a very warm and truthful friendship.

SCHANKE: You found him in a little office in a warehouse, as I recall?

DR. DeBAKEY: He was in charge of a.. I mean he was the head of this.. of a tobacco agency really, among other business interests, but he kept his office there, because that was where his father's office was. And it was in the back of this wholesale tobacco agency. I mean all this big tobacco things were in the front, you see. You had to go weaving your way through this sort of tobacco warehouse to get to his office way in the back. Once you got to his office it was very nice--cluttered all over the place. With old-fashioned roll-top desk. And he was sitting there. I introduce myself and I tell him, "Now, Mr. Taub, I want to thank you for the opportunity to come down and talk to you." I told him I am. He said, "I know who you are." I said,

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DR. DeBAKEY: "Well, I won't waste too much of your time. I'd like to begin right away by telling you what I came down here for. As I told you, I only will use up fifteen minutes of your time." I had my watch like that looking at it. So I told him what I was after. And he..I said, "You'll serve two useful purposes by having us affiliated with the hospital. One you'll give.. provide these poor people with better quality medical care. And two you'll serve the community in training new doctors to do better work." And he said, "Yes, I understand that. And I know that." He said, "I've just read Allen Gregg's book."

Well, I was amazed. Later, I learned how..that this man was deeply interested in...tried to get as much knowledge about his job and his responsibilities as he could. He was trying to find better ways of doing it and so on. So I had hit a very sensitive note, you see. Nobody had taken the trouble to go down and talk to him. Well, I spent an hour and a half with him. When my fifteen minutes was up, I said, "My fifteen minutes is up." He said, "Well, do you have to go?" And I said, "No, I don't

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DR. DeBAKEY: have to. But I don't want to take up any more of your time." He said, "Stay a while."

You have to go in just a few minutes, don't you?

SCHANKE: I think in about five, I probably ought to leave. It'll take me over an hour to get home in the rush hour.

DR. DeBAKEY: Well, coming back to that. You see, Mr. Ben Taub really was a tremendous help to us and became very interested in this whole possibility. And finally joined with me in trying to find ways and means to effect it over the objections of the doctors and the staff. And we finally concocted the idea of having a consultant--a distinguished hospital consultant come down and do a study and give a report and make a recommendation. And he wanted me to suggest somebody and my thought was give the proper kind of recommendation. And so I did. And he came down and...you know I've got a little page in my memory with his name on it.. he died about four or five or six years ago. But I knew him well again-- I knew him from New Orleans, because he was director of the hospital at Tureau, our teaching hospital there, and

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DR. DeBAKEY: later at Rochester--the University of Rochester.
And then during the war was a consultant to us. I
worked very closely with him during the war.

SCHANKE: So you had known him for years?

DR. DeBAKEY: Yeah, I known him very well. Anyway, he came down
and spent a few days lists and studying and gave a report
in which he recommended that the hospital be affiliated
with the medical school--integrate the staff under the
direction of the school. And Mr. Taub used that to push
through an affiliation with..

SCHANKE: With his Board of Managers.

DR. DeBAKEY: ...with his Board of Managers over the objection of the
staff which voted against it. But then he finally persuaded
some members of the staff that they should go along with
it because it was going to have to be done. And they had
another meeting and voted by one or two votes margin to
do it. He put a lot of pressure on some members of the
staff. Anyway, he had had it done. And we had an affilia-
tion agreement in a sense, so we immediately got that
as a teaching hospital. And that really put us in business.

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DR. DeBAKEY: And from that point on, I had a service to deal with and I had a service I could run. So I was able to get a training program going and develop my own residents-- develop and train my own young surgeons. But there were doctors in this hospitals who were just general practitioners doing surgery. I remember when I first went over there, they were going to impress me with a little presentation by some of the doctors giving a report of.. One of them was a hernia report that this doctor presented. A new operation for hernia. And I was so shocked by what he said..told me, you know when he presented this. A series of some thirty odd patients who he had operated on in which he repaired the hernia by removing the testicle. Well, then there would be no ring, you see. There would...didn't have a recurrence, he'd sew it up. Incredible! That was the quality of work that was going on. I used to make rounds with them before we got affiliated and just...I was shocked at what they were doing. The quality of the technique and so forth. Because they're not surgeons, you see--general practitioners

DR. DeBAKEY: learning to do surgery there, what little they could learn, to do on their private patients. The whole quality of medical services in Houston was about that level.

SCHANKE: Sounds almost like a frontier situation.

DR. DeBAKEY: It was. Yeah, that's right. It's unbelievable. And..

SCHANKE: There was no approved residency program or intern program in any Houston hospital?

DR. DeBAKEY: No. No. It's unbelievable.

SCHANKE: Did you at any point in this period teach medical students? Or what did you call medical students--undergraduates?

DR. DeBAKEY: Yes, yes, we had them, you see. But we had to teach them largely by lecture.

SCHANKE: Yeah. Show them charts and lecture. Say, "This is a scalpel."

DR. DeBAKEY: Yeah. Yeah. And.. Because we couldn't teach them by.. on the service. Didn't have one. But, as I say, these fortunate things happened and...to make it possible to start the service and develop one. And this really was why it finally kept me in Houston. Otherwise, I would have left. Yes. From that point on, we had something to begin to

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DR. DeBAKEY: work with--like some resources. And then when we started, I put a research laboratory in the Ben Taub Hospital, in the Methodist Hospital. I brought my private patients to the Methodist Hospital. Used them for teaching. Brought med students there. And began to develop my own service, you know.

SCHANKE: When did the Methodist Hospital get established there?

DR. DeBAKEY: In the Medical Center?

SCHANKE: In the Medical Center, yeah.

DR. DeBAKEY: I think it moved into the Medical Center about '53, I believe.

SCHANKE: Where was it before that? On the other side of town?

DR. DeBAKEY: Yes, it was about a mile and a half, two miles from the Medical Center in an old delapidated building that was unbelievable. But they had the right kind of spirit there and I liked that spirit and attitude. And they had some pretty good doctors there who were...had the right spirit too. So I found a little better reception there for me than I did at the Hermann Hospital. They were very jealous and really resented my being...

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SCHANKE: You had.. Baylor had an affiliation with Methodist Hospital?

DR. DeBAKEY: No, not at that point.

SCHANKE: It didn't.

DR. DeBAKEY: Later it did, yeah. When it came into the Medical Center.

SCHANKE: Not until it came over to the Center?

DR. DeBAKEY: That's right. That's right. And that's how we really got started.

SCHANKE: Yeah. I'd like to get into the development of that whole complex, but I don't think there's enough time right now. There's no point in starting it. Are you going to be free in the morning? Did you say?

DR. DeBAKEY: Yeah. Yeah.

-----BREAK UNTIL MORNING-----

DR. DeBAKEY: ...the only way you can really solve many of the problems we have: pollution, urban blight, crime. All of these are.. can be attacked and are going to be solved only through science. They have no other way, really. And you can talk all you want...

SCHANCHE: You can't tell them to start backwards and reverse your..

DR. DeBAKEY: Well, not only that, Don, but you see the thing you've got to understand about it is that one reason we have alcoholism, for example, is because we don't know enough about what causes alcoholism. You know, they talk about social factors and so on, but the truth of the matter is that alcoholism has existed in all forms of social activities and in all forms of civilization. You go back historically, you'll find that alcoholism has been with us ever since alcohol was discovered, so to speak.

SCHANCHE: Who was the classic Biblical character whose sons laughed at him when he was drunk?

DR. DeBAKEY: Yeah. Exactly. I can't think of his name, but that's right. You see, it's been with us all the time and you find it reflected in plays--old historical plays, you know. And the Greeks and throughout literature. You find it reflected in all activities. Now why has it persisted? You see, you can't blame our social--the point I'm saying is you can't blame our social structure for it, because it has existed in all structures. So, its...the reason for it is unknown.

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SCHANKE: There have been some sort of tentative indications that there are certain biological and genetic factors predisposed to an alcoholic.

DR. DeBAKEY: That's right. Exactly. Yes. Absolutely. Absolutely. And it's going to be through science that we'll solve it. No question about it in my mind. In other words, we'll solve it just like we solved diabetes. And many aspects of crime, you know. We don't understand why, for example, an individual coming from a good family, a good environment almost suddenly becomes a criminal.

SCHANKE: Like the X Y Y chromosome.

DR. DeBAKEY: Yes, you see. So science... You're going to have to... You can't get new knowledge, except through science. And it's new knowledge you need. And this is true about pollution. This is true about, let's say, urban blight and conditions of ghettos, you know, that we talk about. Why do people..? Why are people willing to live under those circumstances? You know? There is still an element in our society and it has been true throughout the ages.

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SCHANCHE: That prefers the crowded streets of old Rome to the countryside.

DR. DeBAKEY: Absolutely, you see. You know, at a time when there was plenty of space, you can't say...there's still...you see, in this country, there's still plenty of space. But they'll leave...they'll almost leave the spacious set-ups they've been in and, you might say there's poverty there, but there's greater poverty where they're going to.

SCHANCHE: But a technological society by its very nature predisposes people toward urban clusters.

DR. DeBAKEY: Oh, yes. Oh, yes.

SCHANCHE: Now there are some scientists that work in attempting to find ways to disperse industries, disperse business, disperse all the things that draw people to these cities. Peter Bowmark is the one who is working on that.

DR. DeBAKEY: That's true. But you see, they're are some elements in all of this that are basically--are basic to the problem that we don't understand and the only way we're going to understand...

SCHANKE: You're talking about basic science. You're talking about the human being--to see what motivates him to do some of the things he does.

DR. DeBAKEY: That's right. Exactly. Exactly. So there is science that is going to solve most of the problems that we have and the problems that we actually create in advancing our technology in making.. attempting to make life better for us. You see, some people are critical of this life, and yet, you know everyone of the ones who have rebelled against this life virtually every example of that was they tried to rebel and go back into a more primitive form of life has failed. Most of these communes have failed. And the only ones that have been successful really have been those that ultimately emulate the same life they've left.

SCHANKE: Like the kibbutz in Israel.

DR. DeBAKEY: Yeah. You see? So they're...

SCHANKE: Or the Amana colony in Iowa.

DR. DeBAKEY: Yeah. Yeah. Anyway, what you're going to have to do is really find the cause to some of these and then solve them. The only way you can do that is through science.

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DR. DeBAKEY: So science is the hope of the future. Always has been and always will be. And therefore, you've got to put your bets on these kind of people. They're the ones who are going to be the leaders in science who are going to develop new knowledge. They are the ones who have the minds capable of doing it and they're the ones who have now the motivation and interest. And I..I just think that this is an aspect of what's been going on in this country in terms of news presentation of the people that is completely neglected. And to me I find it very inspirational and stimulating to be with these kids. And I think if you could catch that spirit and present that approach, it could be a very interesting article.

SCHANKE: Yeah. I think the one thing that the Digest would rebel at is that we just had Mike DeBakey. And we can't run it again.

DR. DeBAKEY: No, but you.. It wouldn't... It wouldn't be about me.

SCHANKE: Baylor College of Medicine.

DR. DeBAKEY: The only thing I would do would be to have..the only statement you could possibly make that I would..I think would have any bearing on it--only because in an historical way

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DR. DeBAKEY: you would have to indicate how it started. But that's all. There's no need to.. It's not about me. All I did was start it and let it grow and create the environment for it. The rest of it is on its own. It's the kids that I think we need to sort of write about.

SCHANKE: No, I'm interested in what motivates these kids at quite an early age. Now a lot of these kids are sixteen, seventeen and so on.

DR. DeBAKEY: That's right. That's right. Absolutely.

SCHANKE: Do they tend to be the sons and daughters of scientists, doctors?

DR. DeBAKEY: No. No, not at all. I've got kids in there from--well, there are Black kids, Mexican-American kids, girls-- Only a small percentage of them are from scientific families.

SCHANKE: They've just been inspired somewhere along the line? By some teacher or some person?

DR. DeBAKEY: Somewhere along the line. Yeah. Exactly. Yeah. Not only.. I'm, of course, now bombarded with doctors who want their children to come to it, you see. But

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DR. DeBAKEY: I have to be very careful about that. I could close up easily with that and they're not always that good. So we put it on a competitive basis. And these kids are just, really, amazing. One of the students of this group who has been a repeater for about three years in it, is just entering medical school in July. And he is absolutely on cloud nine. He's back in there this summer and he's been a great enthusiastic advocate of this program. And he's talked about it all over the place.

SCHANKE: That's great.

DR. DeBAKEY: You know, and advertising it.

SCHANKE: One of your propagandists?

DR. DeBAKEY: Yeah. But I think when you come down possibly, we'll set it up when....

(PAUSE)

SCHANKE: ...progress of Baylor College of Medicine. I think it would be a good idea from my point of view, if you would go ahead and just sketch that out without getting into detail.

DR. DeBAKEY: Well, you see, I think what made it possible for me to begin there was the...these two rather fortunate happenings. One the Veterans Administration. And you can see how

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DR. DeBAKEY: that tied in with the Hoover Commission.

SCHANCHE: Incidentally, what was Magnuson doing during the war that you encountered him.

DR. DeBAKEY: Well, he was a consultant.

SCHANCHE: He was a consultant to the Surgeon General office?

DR. DeBAKEY: Yeah. That's right. Yeah. That needs to be elaborated upon somewhat, because that had a real impact on the medical service and also from my standpoint had great meaning for me, because I got to know these men in many a different specialties. You see, we had these consultants not only in surgery but also in psychiatry and internal medicine--in epidemiology. And you see, these were all top leading people over the country in these various fields.

SCHANCHE: What was Magnuson?

DR. DeBAKEY: Magnuson was an orthopedist.

SCHANCHE: Orthopedist.

DR. DeBAKEY: In Chicago. Well, I got to know these people very well and had relations with them which worked to the advantage of both of us. And so I got to know them on a first name basis.

DR. DeBAKEY: I got to know.. They got to know me and they made it possible for me to expand my whole, let's say, breadth and depth of medicine in the country. Yeah, I had always been just a surgeon, you see, only interested in surgery. But, I began to understand some of these other aspects of medicine and the problems they had and so on.

SCHANKE: Who were some of these men? While you are mentioning it.

DR. DeBAKEY: Well, I've got a...

SCHANKE: Did you meet people like Sidney Farber and...

DR. DeBAKEY: Yeah, I've got that whole.. In a sense, I was sort of in a unique position, because my office was the head of all the consultants in surgery. But then, for example, Dr. Morgan, who was professor of medicine at Vanderbilt, was head of all the consultants in internal medicine. So I've got that list and I'll give you that list of men that are on it.

But, you see, it did have an important relationship with some of the things that subsequently happened to me, because I could call upon these men and knew who they

DR. DeBAKEY: were when I needed help in any other area--broad area. I could call upon them. They knew me. So it expanded my general capability in medicine and also whatever influence I might have.

Well, coming back to the Baylor situation, this helped me a great deal because if there was a local problem, for example, I had this problem in...at the Ben Taub of selecting somebody, I knew who to select. I didn't have to consult a book, you see. And when it came to developing a research program in my department, I could call upon people I knew for capable young men in their field who might be in their department which had become well-established. You know, I didn't have to consult a book. Or to select people from an application. You know. When I wanted somebody for my department from...I wanted to get someone well-trained, a Harvard young man, I went to Pete Churchill, you see. And then even met the fellow and talked with him there. And had the recommendation--enthusiastic recommendation of Dr. Churchill to this young man. You see. In other

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DR. DeBAKEY: words, I had already had these relationships. Now, those two very fortunate happenings made it possible for me really to begin to develop a program in surgery that was more academic than they'd ever had at Baylor. The full-time people, full-time staff. And having now a service which I controlled...

SCHANKE: You always insisted on full-time staff?

DR. DeBAKEY: No. No.

SCHANKE: Baylor has more full-time....

END SIDE A OF TAPE #7 (60 mins.)

DR. DeBAKEY: ...in organizing the service so that you were structured in a way to be efficient. You have to be in control of it. You can't have, say twenty beds of patients with one doctor in priv..let's say a doctor having each one of those patients-- say twenty doctors. Each in control of a patient. And you try to organize it. Well, just take one thing: when would you make rounds? You know.

SCHANKE: Twenty times a day.

DR. DeBAKEY: Twenty times a day, you see. And things of that sort. And that's why I..when I went there, said I had to have

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DR. DeBAKEY: these twenty beds under my control at the Hermann Hospital, which is the one that was at..that was the only hospital near the medical center that was to be the teaching hospital. That was my understanding, see. That's why I came. And then when they said that they had solved this problem by putting me in charge of the teaching service, but not in charge of...

SCHANKE: Making rounds, incidentally, is one of the key elements of teaching any kind of medicine.

DR. DeBAKEY: Uh-huh. You've got to be at the bedside or you've got to bring the patient to wherever you are. To demonstrate. Well, then with the V.A. Hospital being under our direct control, we had the service completely. We had the patients. Then, when we got the Jefferson Davis Hospital and, in a sense, under our control, we had that. Now to show you the quality of work that was done at the Jefferson Davis and as an example and the problems we had, there was a general practitioner practicing in Houston, who was on the service. He was a man at that time, I guess, of about fifty or forty-five years of age. General

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DR. DeBAKEY: practitioner. Really never had any training in surgery at all, but he was on the surgical service that I inherited at the Jefferson Davis. You see, I didn't throw any of them out when I took over. I just said we would organize and if you wanted to stay on the service 'fine' and come to rounds. Divided up the service in such a way that a certain group of these doctors were assigned to certain beds. But I was still in charge of all this and had complete control. I was the chief of surgery under the affiliation agreement. And then too, I wanted not to create a rebellion, you know. I wanted to try and change it slowly, but progressively and integrate.

SCHANKE: Integrate.....

DR. DeBAKEY: Integrate. Exactly. No, I wasn't interested in hurting anybody in any way. I was only interested in trying to develop a good quality service. Well, this doctor was so ignorant, really, in surgery that he didn't fully appreciate his own limitations. And one day he operated on a patient--you see, by that time I had my own residents and staff--and he operated on this patient who had a carcinoma

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DR. DeBAKEY: of the pancreas. And he was going to do what was called a Whipple operation. This is an operation that was developed by a man by the name of Whipple here in New York. He was one of the great surgeons in New York. And it consisted of removal of the pancreas and then putting things back together so that you connected the connections from the liver, like the bile ducts, the intestinal tract--put the stomach and duodenum back together. It was quite an extensive and elaborate operation. And here he was attempting to do it. I didn't know that he was attempting to do it, until it was done. Obviously I couldn't see everything that was going on in the operating room everyday and didn't really intend to supervise it that way. I put these men on their own with calm residents themselves that were confident. Now there was a confident young man with him--a resident, but he was in a difficult position and having a staff man doing the operation and trying to tell him what to do and so on, but at the same time the fellow went ahead and did things from a technical standpoint made numerous errors.

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DR. DeBAKEY: Finally he produced a tear in the aorta of the main artery leading to extensive bleeding and then when he tried to control that, he put sutures which cut off more and more of the structures and in a sense, what he did was to lead to complications that killed the patient on the table. He bled to death, but in addition to that virtually destroyed any possibility of doing the operation. So we got a postmortem and all the evidence was there. The resident came to see me about it and told me exactly what happened at the operating table.

So I called him in and I told him that I just wanted him to understand that I didn't think that he should be doing this kind of operation. He didn't have that kind of training and background. And I was going to have to ask him not to operate on any other... anymore patients on his own. That he was going to have... if he wanted to come into the operating room and assist or participate as an assistant you could. But you couldn't operate on any other patients on his own. Well, he obviously didn't like that, but there wasn't anything he could do about it. And I said, I told him, I said, "Now, I'm not saying anything to anybody about this except

DR. DeBAKEY: said, "Now, I want to see you right away right in my office." I said, "Oh, by the way this doctor also told me you carried a gun and that you had already killed somebody and that you were threatening me." "Now," I said, "I want to talk with you immediately in my office here at Baylor. And I suggest you come right on over. And, if you plan to kill me, you'd better come planning to do it now. I'll be waiting for you." So...

SCHANKE: What did he say on the phone?

DR. DeBAKEY: Oh, he was very contrite. He was apologetic and he said no, no, no. He said, "I'm sorry. Please don't feel that way." I said, "Well, anyway, you come over here and see me."

Well, he came. And when he walked in I said, "Have you got a gun on you?" He said, "No, Dr. DeBakey;" he said, "I usually carry a gun for protection, but I don't have a gun on me." I said, "Sit down. You know when I talked to you, I told you this was confidential." "Now," I said, "I think it's absolutely stupid on your part to have told anybody about what I said. In the first place, nobody

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DR. DeBAKEY: would have known what I told you, because I had no intention of telling anybody." But I said, "Don't you see what's happened now? You've made it.. You've placed yourself in jeopardy with your colleagues by what you've told them I've said." I said, "I could easily take this, if you wanted to make an issue out of it." I said, "I have all the evidence. I have the men who were with you in the operating room to testify. I have the autopsy record to testify what was found. And I could bring this directly to the Board of Trustees of the institution and have you kicked off the hospital. And it would become a matter of public record." "Now," I said, "what.. It'd destroy you. Don't you see what you've done?" "Oh," he said, "Dr. DeBakey, I'm sorry." He said, "I guess I got all upset and I talked to this man--a friend of mine. And I shouldn't have." But he said, "I was upset." I said, "I can understand your being upset, but why didn't you talk to your wife or somebody else?" He said, "I guess I wasn't thinking." So I said, "Well, the damage has been done," but I said, "Maybe we can repair it to some

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DR. DeBAKEY: extent. Now you're just keeping your mouth shut from now on and not talking about it to anybody. And, you come to the staff meetings and you come to the operating room and assist, if you want to. And at least we'll make a show." He said, "Well, I sure appreciate it." He was all very contrite about what he had told. And it wasn't long after that I saw this other doctor who had called me. And he said, "I don't know what you did talking to this fellow, but you helped him a great deal. I'm glad you talked to him. He feels a lot better." He said, "He's talking about what a fine man you are and he said he admired you." And ..

SCHANKE: Admired you?

DR. DeBAKEY: And I didn't have any more trouble with him. As a matter of fact, he was kind of friendly and then unfortunately he had a heart attack about, I guess, a year later. And he died suddenly.

SCHANKE: So he never did get trained as a surgeon?

DR. DeBAKEY: No. No. Poor fellow. I felt sorry for him in a way.

SCHANKE: Well, what's the background...

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DR. DeBAKEY: But there.. You see, that's just symbolic, you see, of the kind of people I had to deal with there. These were kind of rough tough fellows--general practice. Competition. Most of them making..doing well in spite of the fact..

SCHANKE: I suppose many of them had been in Houston since it was a small town.

DR. DeBAKEY: Oh, yes. Of course.

SCHANKE: They were still practicing what you would call small-town medicine.

DR. DeBAKEY: That's right. Oh, yes. You see it was predominantly a general practitioner town. There were very few specialists in the town. When I was in New Orleans, we used to get quite a few patients from Houston coming to us from Houston. They used to go down to Galveston. Quite a few of them. It was a general practitioner town predominantly and the quality of medicine in the community was really relatively low for a town of that size. Because there was no center for quality, you see. There was no institution..

SCHANKE: No school, no great hospital, no research institutions.

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DR. DeBAKEY: No, nothing. Nothing anywhere. So there was no basis for quality and no one standing up for quality. There were a few fairly well-trained surgeons that were there who were as busy as they could be taking care of referred work from these doctors. And in a sense working with them. You know, I mean, they related to them because they needed the referrals, so they got all the complicated cases and they got the reputations of being the top surgeons in the community, you see. So they worked with them very closely. They weren't about to criticize them. They weren't about to say, "Listen, you oughtn't to be doing surgery." From an economic standpoint, that would have killed them. So they worked with them. They never criticized anybody at all.

SCHANCHE: Well, it sort of all sounds like Houston, I suppose it's true in many other American...

DR. DeBAKEY: Oh, I'm sure it was.

SCHANCHE: It became kind of a backwater eddy in the progress of American medicine.

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DR. DeBAKEY: Yes. The only big difference, you might say, between Houston and some of the other places that were like that was that Houston was a vigorous town with a lot of money and it attracted a lot of doctors who were interested in making a lot of money. You see. So it, in a sense, brought there people who had more interest in making money than in raising the quality of the medical service in the community.

SCHANKE: In that same light, did you have a problem at Baylor in getting adequate salaries to attract top people for faculty down there?

DR. DeBAKEY: At first, yes, because we were not very competitive, you see. And we didn't have the money at Baylor, so..

SCHANKE: What, for example, were you able to offer a young surgeon from Harvard to come down and join your service?

DR. DeBAKEY: Five or six thousand dollars.

SCHANKE: Is that all?

DR. DeBAKEY: Yeah. You see, my total budget was fifty thousand dollars.

SCHANKE: Your total budget for the whole surgery department?

DR. DeBAKEY: My total budget for the whole surgery department.

SCHANKE: Gosh. How could you do it?

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DR. DeBAKEY: You see.

SCHANKE: Did that include your salary too?

DR. DeBAKEY: Yeah, it included my salary too. It included my secretary's, my salary, my secretary's salary, my assistants' salaries...

SCHANKE: You had to get by on volunteers, didn't you?

DR. DeBAKEY: Well, I had to use volunteers the best I could, yeah, for a while until I built up the service. But then, you see, once I got the V.A. then I used some of the V.A. money for salaries. I had no money to use for salaries at the Ben Taub because they didn't pay anybody anything.

SCHANKE: Well, that wasn't called the Ben Taub?

DR. DeBAKEY: It was called Jefferson Davis then. Still is. That part of the hospital is still under the same admn..city-county. But it was the Jefferson Davis Hospital. Ben Taub wasn't built then. And all that work we did was volunteer work. Now we did make some money at the Jefferson Davis. And this is rather interesting. They had insurance payments made for professional services at Jefferson Davis Hospital mostly for emergencies. There were a few patients

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DR. DeBAKEY: who had small insurance policies and then the emergencies, many of the emergencies, especially those that occurred on the job, had insurance. So when they came to the emergency, the doctors would sign these insurance forms and send the bill in and most often the money came to the doctors who were in practice. You see, the interns and residents couldn't get it because they weren't licensed to do this. But the doctors who were visiting doctors could. So I decided that this was a very good source of extra money for me to use.

SCHANKE: Supplement the incomes of the surgeons.

DR. DeBAKEY: Not only that, but also to be used for research, for education of the residents and interns. You see, they had no fund at that time. So, I first went to all -- had a meeting -- to all the doctors and asked them if they would be willing to pool this money. You see, the only way we could get this money is for the doctor to sign the certificate. Now, in a great majority of incidences the doctor wasn't even there when it happened. He just had to be on the service.

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SCHANCHE: Get an intern to handle it.

DR. DeBAKEY: Intern or..yeah, or the resident to handle it.

And I was amazed. Only a small percentage of them really were willing to do this and then after the meeting there was a kind of a rebellion on the part of most of them. They got to talking amongst themselves and saying well why should we do that.

SCHANCHE: Cupping out some of their sugar.

DR. DeBAKEY: Exactly. You know. And really, some of them were quite bitter about it. So I never talked to any more about.. you know, anymore about it. I went then to the Board of Managers and told them about this and Mr. Taub. And I said, "I want to get your approval of what I'm going to do about this." And so I told them what I was going to do. And what I said I was going to do was that I was going to sign all of them, so that the money had to come back to me and I turned it over into this pool at the hospital under the direction of the Board of Managers. Mr. Taub said, "Fine. The Board will approve this." And I said, "I want to make this a fund under the Board and the use of the money will be approved by the Board." You see.

DR. DeBAKEY: So that took the responsibility of accounting and all that sort of thing away from me.

SCHANKE: Was this for everything or just surgical cases?

DR. DeBAKEY: No, for everything.

SCHANKE: For everything. Didn't they get kind of irritated that this professor of surgery coming in and trying to take over everything there? I mean you weren't the dean of the school.

DR. DeBAKEY: No, but you see..

SCHANKE: You were in charge of the surgical service. It must have really annoyed the internists.

DR. DeBAKEY: Well, it did annoy some of them. Definitely. No question about that, but what I did then was to distribute--we made most of the money, you see. The internists made..virtually nothing. These were surgical emergencies.

SCHANKE: Mostly. Yeah. Accidents.

DR. DeBAKEY: There were a few small piddling sums, but then what I did to get their support was to make it possible for them to use monies from this fund in far greater amounts than they could possibly put into it. So that pediatrics, for

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DR. DeBAKEY: example, would often get, let's say, a thousand, fifteen hundred dollars for use for teaching purposes.

SCHANKE: But they generated...

DR. DeBAKEY: But they may have generated only a hundred dollars, you see. Well, this pleased them. Then I got all their support.

SCHANKE: How much money would this come to over a period of a year?

DR. DeBAKEY: Oh, it amounted to a considerable amount. I think it gradually.. We built it up, you see. Before that it was done in a very haphazard way. Sometimes they'd bill them. Sometimes they wouldn't. After that, we had an office set up solely for that purpose. So we collected all the money. Well, to show you what we did with it and how much it amounted to--I'd have to go back to the records and get the figures, but... The hospital was not built, not air-conditioned. And the clinics used...in the summertime was really terrible.

SCHANKE: Horrible.

DR. DeBAKEY: It was terrible, just terrible with these teeming people in it, you see. It was much too small for the needs. And people were there... You see, it took care of

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DR. DeBAKEY: virtually all of the indigents in the whole county. A large number of them were Negroes and Mexicans and so on.

SCHANKE: This was the county counter-part to the city's charity hospital or was it the same thing?

DR. DeBAKEY: Same thing.

SCHANKE: Same thing.

DR. DeBAKEY: Yeah. City-county.

SCHANKE: City-county.

DR. DeBAKEY: Yeah, that's right. And it's like, you know, Belview. And we had long summer. I mean it was six months of hot weather. And you can imagine what it was like working with everybody sweating. A few fans, but..

SCHANKE: It's hot down there during the winter.

DR. DeBAKEY: Yeah. So we proposed that we put air-conditioning units-- window units in all the out-patient clinics. And we didn't get anywhere. We put that into the budget and so on and the Board of Trustees tried to get it through, but they couldn't get the money from the city-country authority. It was rather interesting and it shows in a way what

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DR. DeBAKEY: poli...how politicians think. The.. They were building a zoo for the monkeys in Hermann Park and they needed to air-condition it because so many of these tropical animals--it was impossible to keep them alive in the zoo. So they spent something like a million and a half or two million dollars for the air-conditioning units for the zoo. We had only asked for about three hundred thousand dollars to air-condition the clinic. And they ruled that they couldn't do the air... They didn't have the money to do the air-conditioning for the hospital, but they had no difficulty in finding money to air-condition the zoo for the monkeys. This actually occurred, you see.

Well, we finally decided that we would take some of this money that we had built up in our pool and buy some window units and we were able to get some firm to give us a good price, you know, for a good cause. So they helped us and this is what we did. That's how we air-conditioned the whole place.

SCHANKE: What year was this?

DR. DeBAKEY: Well, about 19... I would say around '54, '53, '54, '55, something like that.

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SCHANCHE: This was the old Jefferson Davis Hospital.

DR. DeBAKEY: Yeah.

SCHANCHE: Not where Ben Taub Hospital is now.

DR. DeBAKEY: No, it's still there. The old Jefferson Davis Hospital.

SCHANCHE: Where is it located?

DR. DeBAKEY: It's located farther downtown in the downtown area.

I put the first research laboratory there too. And what I did was...

SCHANCHE: Did you also run it out of the pool fund?

DR. DeBAKEY: No, I got the laboratory built, in other words, with space renovated out of the fund, but what I did..

SCHANCHE: Space in Jefferson Davis Hospital?

DR. DeBAKEY: Yeah, but I was able to get a grant from the Army. Now there again you see the connection. At that time the Army still had a considerable amount of funds for research purposes--medical research purposes--relating to military activities. And of course, I was in on all of that. In fact, I had one time participated in dispensing these funds, then was on the committee of the National Research Council, so I knew all about what they were doing and knew that

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DR. DeBAKEY: this money was available. So I put in a request--formal application--to the Army through the National Research Council to get money to support an activity which I knew the Army was interested in.

SCHANKE: What was it--some tropical medicine?

DR. DeBAKEY: No, they were interested... You see, at that time we were still engaged--let's see, when was the Korean War?

SCHANKE: Well, from 1950 to '53.

DR. DeBAKEY: That's right. We were engaged in that activity. One of the things that they needed was a blood replacement in shock. Dextran was one of the artificial blood expanders at that time that was being studied. They needed someone to study this on human patients. And test it out in shock. Well, we had a lot of shock patients at Jefferson Davis. So, I put the application in. Well, this immediately gave me money to run a research laboratory.

SCHANKE: How much money did you get for it?

DR. DeBAKEY: I've forgotten now, but it must have been around fifty thousand dollars. Something of that sort. Anyway, we got it going--got a research laboratory going. Started doing research in the hospital for the first time. Up until..

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SCHANKE: Probably the first medical research that had been done in Houston, Mike.

DR. DeBAKEY: Yes, the first medical research laboratory that we established anywhere--in Houston. That's right. Now, that gave to the service a sort of an academic aspect that brought.. I was able to get people down who could do research. Nobody could do it before, except me. So I got a young man from a good research laboratory that I knew well through my connections in the Army to start this research laboratory work. And then started a little research laboratory in the Baylor College of Medicine in a room about..less than this size up on the fourth floor. And got that animal laboratory going, see, doing our research, as well as clinical research. This was essential to balance our program. That's how we got started. And then, when the Methodist Hospital was built and got started, I started the work there because I found from my previous experience I had a better relationship with the people and the administration of the Methodist Hospital than I had at Hermann Hospital. There the

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DR. DeBAKEY: staff and the administration were simply hostile to Baylor. They were hostile because they were afraid that it would take them over.

SCHANKE: Hermann Hospital was...remained sort of the old guard of the Houston ... Medical society?

DR. DeBAKEY: That's right, exactly. And then too, they had.. There was some snob effect at Hermann. They thought.. You see, they had previously established themselves as the best hospital in Houston. Methodist Hospital was in this old delapidated building--couldn't possibly have been a good hospital.

SCHANKE: Was Hermann where the rich folks went?

DR. DeBAKEY: Hermann was where the rich folks went.

SCHANKE: It was a private hospital and a profit-making hospital.

DR. DeBAKEY: Yes. And it had been well-endowed. That's why I was running this service. Methodist of course had no money and they were scratching to keep alive.

SCHANKE: Was it basically supported by the church?

DR. DeBAKEY: By the church. But, they had a wonderful lady who was the administrator and she had brought down Ted Bowen as an assistant. He'd just gotten out of his internship

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DR. DeBAKEY: at Washington University. And, of course, here was a man who had come out of an academic setting. He knew the value of a relationship with a medical school. And he encouraged this. Then, too, when he and his wife came down, his wife had been a secretary and I needed a secretary and I immediately asked her to come to work for me. So she became my secretary and I got to know him very well, you see. And so this encouraged the relationship. And there were several people at the Methodist Hospital working--particularly in internal medicine, in orthopedics, and a few others--who had been Tulane people that I knew well. So I found a much more friendly relationship there. So immediately I went to work on trying to develop a better and more formal arrangement between Baylor and the Methodist Hospital. And that's how we got started. When they moved in, then I worked entirely at the Methodist Hospital.

SCHANKE: This was when Methodist actually moved to the Medical Center?

DR. DeBAKEY: When they built that new building. They built the first hospital in the Medical Center and opened it. And, of course, then immediately I began to develop things at the Methodist Hospital. So I took all my private patients and made a service out of them. Got my medical students to come and work on these patients. The residents and interns to work on these patients. The only one. The rest of the service was just private patients and private doctors. Nobody else had a service. Nobody else had a teaching service there. And then I had been interested in circulation and vascular diseases and decided that I needed a laboratory there at Methodist. So I got them to give me some space on the roof. You know, just the roof of the building.

SCHANKE: You built a shack up there?

DR. DeBAKEY: Yeah, there was a shack up there.

SCHANKE: What kind?

DR. DeBAKEY: And I got some funds to construct it because since it existed, but of course could be used, it could be considered renovation. Actually most of it was a new building--new construction. Well, this was an expensive

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DR. DeBAKEY: laboratory to build, because I wanted to build it so that you could control the air--the atmosphere in it, completely and precisely at various temperatures and..

SCHANKE: Temperature and humidity.

DR. DeBAKEY: And it cost more than a hundred and fifty thousand dollars to build this thing. But fortunately, there was some money available which I knew about in Washington and I went there and talked to them about this. I knew these people well and they knew me and knew my interest and so on.

SCHANKE: Is this N.I.H. money?

DR. DeBAKEY: Yes, I think so. Now I've got to go back to be sure, because I also had some Army money too. And I used to combine these. Built this laboratory and went to work in it and it was a great boost and stimulus, you see. There was a research thing going on there.

SCHANKE: What kind of work were you doing in that lab?

DR. DeBAKEY: Studying circulation and vascular disease. Measuring under various circumstances and different kinds of diseases. So that we just acted as a kind of stimulus

DR. DeBAKEY: and inspiration to the young people, attracted them, and so on and were getting better quality people all the time. Then this attracted some of the private donors who subsequently became donors, like Mrs. Fondren, you see. We'd show her what we were doing and talk to her and so on. We would bring these people... They were proud of this. You know, their hospital had this sort of thing in it. What we were doing was teaching and doing research in the hospital and we kept bringing all that out.

SCHANKE: Draw her into this, or was she involved with medical affairs?

DR. DeBAKEY: Well, she had been involved with medical... only to the extent of helping to build this new hospital, because she was on the Board.

SCHANKE: Methodist Hospital, yeah.

DR. DeBAKEY: Yeah. But, once we got her interested in all these other things, you see, then this stimulated her to do other things for the hospital. I needed some special equipment in the operating room. Well, she was already sensitized now and it was easy to go to her and say, "I need fifteen

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DR. DeBAKEY: thousand dollars for some special equipment in
the operating room," and get it.

SCHANKE: What was her...? Where did she get her money?

DR. DeBAKEY: Well, she was the widow of one of the founders of
the Humble Oil Company.

SCHANKE: Aah. That's a good place to start.

DR. DeBAKEY: So that's how that began and she just.. This sort of
led to other things. And then when I was..when I needed
money for other little projects, I had now began to expand
my influence and contacts with people who were beginning
to appreciate what we were trying to do and supporting
us. And Mr. Taub was one of those people who had
contacts with others and made this possible. There was
a man by the name of Webb Mading--you know the depart-
ment is named after him. He was a great friend of Mr.
Taub's. He was head of a chain of drugstores in Houston.
And I got to know him through Mr. Taub. He was a
great friend of Mr. Taub's. Mr. Taub would have him
on his boat and he'd invite me to come. We'd talk about
what we were doing and so on. Mr. Taub was proud of

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DR. DeBAKEY: what we were doing and he would talk to people about it. He talked to Mr. Mading. And then he had to have.. He developed an acute gall bladder and he had had a heart attack previously. So he had a kind of a bad heart, not bad enough to keep him from his active business, but still in his history he'd had it. So his doctors-- he was having more and more trouble with his gall bladder--his doctors were afraid to operate on him. Finally he talked with Mr. Taub about it. He said, "Do you think Dr. DeBakey'd see me?" "Of course, he'll see you." So he came to see and I said, "Well, we'll evaluate you, but I don't see any reason why you can't be in the operating room for a gall bladder operation. It's a simple operation." He said, "I've got to do something. I can't go on having these attacks. I'm miserable." So finally I put him in the hospital and operated on him. Just got along beautifully and was very grateful and didn't have anymore attacks from his gall bladder. He felt like a new man. And he wanted to do things for me and finally he noticed that he hadn't gotten a bill. And I said, "Well..." He called me about it,

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DR. DeBAKEY: and I said, "Well, Mr. Mading, I'm not going to send you a bill because I really would prefer to have you think in terms of services I rendered you as being something friendly. You've been a friend of mine." And so on. "But if you feel disposed to do something, I'd rather you, instead of paying me, make a little contribution to the school for some things that we need." Well, he was tremendously impressed with this idea. He told Mr. Taub, he said, "Find out what he needs." And Mr. Taub talked to me about it and he said, "By the way, one thing I suggested to him was air-conditioning your house." And I said, "Well, that would be very nice, but, you know, I'd much prefer him not to do that. I need this money right now and we have a couple of window units for our house. And that's all I need. I have one in my study and one in my bedroom and I really don't need it anywhere else, really." So I refused to accept the money for air-conditioning my house and he then gave me five thousand dollars, I think, something like that. And from time to time he'd give us

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DR. DeBAKEY: a few thousand dollars.

SCHANKE: Was this the first time you used that ploy of not billing a patient and hoping to get a larger return from the patient...

DR. DeBAKEY: No, no, I'd used it before. No, that wasn't the first time I'd used it. I'd used it before. As a matter of fact, I..I.. It wasn't original with me. I got it from Dr. Ochsner. Dr. Ochsner had used it that way. I learned many of these kind of things from Dr. Ochsner. For example, I never bill a minister or a teacher--school teacher, because Dr. Ochsner didn't do it. And he made me aware of this and his reasoning was that these... Two reasons he didn't do. First, these people are often underpaid and had difficulty making any kind of payment because in those days insurance wasn't as common. They had to pay this out of their pocket. And secondly, he said they were engaged in the same kind of noble cause you're in. A teacher is a person who is really doing a humanitarian service. And a minister is one who is also doing a humanitarian service. He said, "They're

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DR. DeBAKEY: really professional colleagues." And he looked on them that way. And this appealed to me. I just thought this was.. Ga..it's true, you know. And I thought about it and I thought I'd do the same thing. So I never charge... You know, it shows the quality of that..of the man. Ochsner, you see. Really amazing. Fine character.

Well, anyway..

SCHANCHE: So Mr. Mading contributed a little bit here and there.

DR. DeBAKEY: Yeah, that's right. And then I subsequently learned that he'd talked with Mr. Taub about his will. He had no children. And that Mr. Taub advised him to give it to me--to the department of surgery. They discussed this. Apparently he was disposed to do it anyway, but discussed how to do it. And he put it in his will. And it came out that way.

SCHANCHE: It's called the Cora and Webb Mading, so it was both he and his wife.

DR. DeBAKEY: That's right.

SCHANCHE: Had she already died? Before him?

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DR. DeBAKEY: She had died before he died. So, that's how we got this additional money, you see.

SCHANKE: So the department of surgery inherited how much from Mr. Mading?

DR. DeBAKEY: Oh, maybe a million and a half or two million dollars. So all these things began to build up in giving me the resources. In the meantime my budget from the medical school was still fifty thousand dollars, and to this day remains...

SCHANKE: Does it?

DR. DeBAKEY: Yeah. Never has changed.

SCHANKE: The total budget of the surgery department at the medical school itself is fifty thousand dollars?

DR. DeBAKEY: Yeah.

SCHANKE: Well, that's just the school's.. It's a formality with them? Right? A tradition.

DR. DeBAKEY: Yes. Just a formality. It doesn't mean anything, because you see we give to the school far more than that. In other words, we give to the whole school from our department. And what we do really, we make our own

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DR. DeBAKEY:

way and in addition to that, give the school another million, a million and a quarter dollars of income. Now. So it's a pure formality--the budget. Well, actually we develop our own budget. Just a pure formality.

Well, of course, in the meantime you see, beginning about '49 and then '50, '51, we were working in the laboratory developing new techniques in vascular work and circulation, perfecting the use of grafts--doing various things with... And we had a large source of grafts because of the Ben Taub Hospital--I mean, Jefferson Davis Hospital where we had all the autopsies--fresh autopsies. And we were in charge of them. We did all the autopsies for the pathologists. The department of surgery did them. So that we had considerable material sources. And we began..then began to apply these clinically. And our early experience, this was in the pioneering days--we began to go to meetings and present this and get some attention to the fact that we were doing something pioneering. And so patients were beginning

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DR. DeBAKEY: to be referred to me from different parts of the country with these special problems. Because there was nothing that could have been done before. Nothing. And that called attention to what we were doing more and more. We got more experience with them. They were being funneled in. And to show you how that affected us, there was a man in California by the name of Hanisch who was head of the Stewart Pharmaceutical Company, the largest pharmaceutical company west of the Mississippi River. He was a fine, fine man. Very able. And he developed an aneurysm of the abdominal aorta. And he went to see one of the spec.. His doctor sent him to one of the vascular specialists out on the West Coast whom I knew very well and who knew me. And he said, "Well, the only man that I know of whose had any degree of experience worthwhile in this field is DeBakey." He said, "It's still in the experimental stage ." He said, "I've just not had enough experience with this to be able to say whether you ought to be operated on or not. But I believe you're going to need

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DR. DeBAKEY: an operation. But I wouldn't want to operate, because I just haven't had the experience. And Dr. DeBakey has and the only one in the country I know who has. And he's the one you should go see." So, his doctors sent him to me. He arrived with his wife and his two sons virtually ready to meet his maker, because he had this bulging aneurysm. And I said, "I'll talk to him after I examine him." And I said, "Well, yes, I think you ought to be operated on." I told him what we were doing with it. And I said, I've forgotten now, but I think he was about the fortieth or fiftieth case that we had done. I told him, "Now here are the statistics." I've forgotten the exact figures, but I said, "It's getting better all the time and I think your chances are quite good. Perhaps better than eighty per cent. If you leave it this way, you're not going to live much longer." He said, "Well, I don't care what the chances are, I want to take the chance."

SCHANKE: How old a man was he?

DR. DeBAKEY: He was about, at that time, I would say he must have been about fifty. A vigorous fellow. Very fine man too.

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DR. DeBAKEY: A high quality man. He had a lovely wife, charming wife. Very, very intelligent. She was, I think, head of the women's... What's this women's leagues? Voters' League?

SCHANKE: League of Women Voters.

DR. DeBAKEY: She was head of that. She had been a Phi Beta Kappa at Wisconsin. So was he, as a matter of fact. A graduate of Wisconsin.

Well, he did well, extremely well. And he was very grateful and very gratified.

SCHANKE: Did you do a graft on him?

DR. DeBAKEY: Yeah, dissected it and put a graft on it. So he was..

SCHANKE: What did you use for the graft?

DR. DeBAKEY: I used a homograft. I didn't have the Dacron then. I was just experimenting then. I'll tell you the story about..

SCHANKE: Did you take it from a cadaver?

DR. DeBAKEY: Yeah. Yeah. He used to kid about it, because he had a graft from a Negro prostitute. He used to kid about it, but it wasn't true.
Anyway, I had many sessions with him after talking to him.

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DR. DeBAKEY: I loved to talk to him. He was very easy to converse with. And so, he became more and more interested in what I was doing.

SCHANKE: He must have been pretty sophisticated about medicine to begin with if he was in the pharmaceutical business.

DR. DeBAKEY: Oh, he was. He was. Absolutely. So, he went home and did fine. And after he had been home for two or three weeks he called me on the phone and he said--by that time he was calling me Mike. He said, "Mike, I just have been through all of my correspondence here and I haven't found a bill from you. There's no hurry about it," but he said, "I just want to be sure it hadn't been misplaced." And I said, "No. You haven't got a bill. I didn't send you a bill." He said, "Why don't you send me a bill?" I said, "Because I would rather have you think in terms of giving something to our department, rather than send a bill." He said, "Oh, I can do both." I said, "No. No. I don't want to send you a bill." Well, he was.. This appealed to him tremendously, you know.

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DR. DeBAKEY: Here is a doctor, you know, who didn't want to bill him and he never had this experience with doctors before.

SCHANKE: Very few people have.

DR. DeBAKEY: So, he expected a bill for ten thousand dollars. So the next time I went out on the West Coast--oh, he sent me and continued to send me money. And I guess altogether he must have given me close to a half a million dollars over a period of time. In all total, including what he left in his will.

But, that's not the end of that story. When I got.. The next time I went out on the West Coast, he insisted that I come by and have dinner with him and his wife.

They have a lovely home in Pasadena. And he wanted to know more about where we were and so on. And I told him that I had reached the point in all this work in the experimental laboratory on Dacron grafts where I really needed some more help. That I needed more help from someone who knew something about textiles. That I had been to various people and had been up to the DuPont on a number of occasions and seen their medical director and so on. And I just couldn't get the help I needed. I

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DR. DeBAKEY: couldn't get the DuPont people to be very interested.
So..

SCHANKE: There was not a big market in...

DR. DeBAKEY: No. Not only that, but they were afraid of suits. They
didn't want to get too involved. They'd make material
available to me, but they weren't going to really work
with me on it.

He said, "Well, you know, I'm involved in the textile
industry." I said, "Well, I didn't know that." He
said, "Yes. I have a half interest in the textile mill
in Redding, Pennsylvania. We make socks." I said,
"Maybe they're the people that could help me."
He said, "Alright, I'll call up the manager and have him
meet you and talk to you. You go down there and see him."
So I did. Made arrangements. He was very nice--the
manager. He got me.. I've forgotten how I got there now,
but I.. seems to me I drove part of the way. But anyway,
he met me and took me to the shop and the plant. And we
went and talked to various members of the plant. And then

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DR. DeBAKEY: finally one of them said, "You know, maybe the fellow you ought to see is at the Philadelphia Textile Institute. There's a young man there, a Swiss, who is a kind of a genius about this. He keeps fooling with textiles and knitting and so on and knows all about machines. Machinery. And how to use textiles. What kinds of textiles are used for different kinds of machines and so on. And he said, "We've consulted him on several occasions and were very much impressed with him. And he's sort of interested in research. He putters around in research." He said, "We've tried to hire him, but he doesn't want to do what we want. He wants to putter around in research." So we made arrangements to go and see him. And I went up to the Philadelphia Textile Institute and met this fellow.

SCHANKE: What was his name?

DR. DeBAKEY: His name is Tom Edman. And so that began a very, very important relationship as far as making our grafts are concerned. Because I got him interested in doing something, you see, specifically for human beings. I

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DR. DeBAKEY: got him down. I showed him. And it really sort of fired him. So he began...

SCHANKE: He came down and watched surgery?

DR. DeBAKEY: Oh, yes. Yes. He came down into the laboratory with me and watched surgery and so on. And so he began a really thorough investigation of this whole subject. Finally he told me. He said, "Well, there isn't any machine available that will do what you want to do." He said, "We've got to start over and build it." I said, "My God, how are we going to do that?" He said, "Well," he said, "actually it may not cost more than about fifteen or twenty thousand dollars to do that." So then I went back to Mr. Hanisch and I told him the results of all this. And he said, "Well, you think it would cost about twenty or twenty-five thousand dollars?" I said, "Yes, that's what he said." He said, "Alright. You tell him to go ahead and I'll underwrite it." So I called him up. . called Tom up and I said, "You go ahead." He said, "Well, I'm going to have to do something about my salary here. I can't do this without some way telling the Institute." So I went to see the Institute director and

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DR. DeBAKEY: I said, "Look, we'll pay or supplement his salary. Put him virtually full-time on this thing." Because I had already cleared this with Mr. Hanisch. He said to go ahead and do that. So we did. And to this day, I'm still paying a part of his salary. Yeah, he still works for me. So,

SCHANCHE: He's still with the Textile Institute?

DR. DeBAKEY: Yeah. And so he then went to work on this and he worked with some of the machine companies and made a new machine to knit these grafts the way we wanted them knit.

SCHANCHE: It's the Continuous Movement Dacron Knitting Machine.

DR. DeBAKEY: Yeah. It's just for this purpose, you see. Nothing else.

SCHANCHE: Not very different from basically, from making socks, is it? I mean they're both a tube.

DR. DeBAKEY: Yeah, it is different. Oh, the principle of knitting and so on, I guess, is basically the same. But it's a different kind of machine though, you see. And apparently they have to have different kinds of needles that have to be... I don't know all about the machinery aspects of it. They

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DR. DeBAKEY: had to build this completely new. Which they did.
And we finally got into production on the thing on our
own. And then we finally turned it over to the U.S.
Catheter Company to do.

SCHANKE: Where were you doing the production?

DR. DeBAKEY: In our own laboratory.

SCHANKE: Down at Houston?

DR. DeBAKEY: Yes. Yes. They knitted them and sent them to me and
I had a man there who put them in the final form they were
in. You see, we just got the knitted tubes and the Y-tubes.
But we had the mandrels and we had the set up which
we had devised for making them crimped and then we'd
bake them and that sort of thing. Produced them. Sent
them all over. And then when the demand became so
great that meant we had to really go into full-time pro-
duction. I said, "Well, we've got to find some manu-
facturer to do this. Because this is a hospital."
So we got the U.S. Catheter Company to take it over.

SCHANKE: Mike, I'm going to...

(PAUSE IN TAPE)

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SCHANCHE: Just developing background.

DR. DeBAKEY: Oh, yeah. Well, actually...

SCHANCHE: What led you to Dacron? You went through a process of elimination..

DR. DeBAKEY: Yes. It was sort of in a way serendipity because we didn't know what type of material was the best. And I went down to the stores in Houston, I think it was Foley's, and bought some sheets of material that were in bolts. And they had some Orlon, and Dacron, and Nylon, and one or two others that were available then. Well, I had found out from the DuPont people what was available, but I didn't know the reaction of tissue to these things.

SCHANCHE: Up to that point no one had done any research on using these materials?

DR. DeBAKEY: No, there was a man in New York here by the name of Vorhees, I think was his name, who had done some research-- animal research with a material, I've forgotten the plastic material. And he made a preliminary report that indicated that it was possible to use this. Now you see,

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DR. DeBAKEY: you've got to go back into the history of this. There are all kinds of things had been used, even fifty years ago in experimental laboratories--a substitute for arteries. Glass, for example. Steel tubes. Gold tubes. Rubber of various kinds. And all of these things had failed. And the fabric was just, you know, plastic. It was another extension of that.

SCHANKE: But they failed basically because they damaged the blood? Or because the body rejected them?

DR. DeBAKEY: No. To some extent both. They damaged the blood and they'd clot and that sort of thing. But what we didn't know was why the fabric worked at that point. It was tried because these other things had been tried. Just trying new materials. We only later learned that, as I said, by serendipity. And the Dacron came along for that reason too, just because it was among the various types of materials. And then in the experimental laboratory we found out that there was a considerable difference between Dacron and Nylon and some of the others. Now Nylon was much more readily available and therefore

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DR. DeBAKEY: we were using this earlier. But we found out that it disintegrated in the body--got weaker and broke down. Its actual structure broke down. Whereas, Dacron didn't. It remained pretty much the same. Secondly, there was a considerable tissue reaction, sort of an inflammatory reaction. The tissue would build an inflammatory reaction around some of these things--some of these other plastics, like Nylon, but it wouldn't with Dacron. Now Teflon was almost non-reactive completely, so that it just remained there inert and the tissue wouldn't attach to it. That we didn't want. So we found that out, you see. And for reasons we still don't quite understand Dacron had just the right reaction. It didn't cause a continuous build-up and it didn't disintegrate. So it proved.. Secondly, because it was a fabric that was porous it allowed tissue to grow around it and in it. It'd hold it there. So this is why it worked. We found out from our experimental work and that's why we went--found it in Dacron.

SCHANKE: Found out by just a trial and error method?

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DR. DeBAKEY: Exactly. Yeah. That's right. And doing the experiments on animals.

END TAPE #7 SIDE II (B) - 60 mins.